

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2808AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2010
NAME OF PROVIDER OR SUPPLIER SPECIAL LOVING CARE ALZ CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 6562 W MESA VISTA AVE LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 2/17/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for five Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of "D".</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 27364 Based on record review on 2/17/10, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding obtaining a pre-employment physical (Employee #4) This was a repeat deficiency from the 1/16/09 State Licensure survey. Severity: 2 Scope: 1	Y 103		
Y 251 SS=C	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure the refrigerator was 40 degrees or less. The temperature of the refrigerator in the kitchen was 45 degrees. Severity: 1 Scope: 3	Y 251		
Y 320 SS=D	449.220(1) Bedroom Doors - Locks	Y 320		

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Y 320	Continued From page 2 NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure that 1 of 4 Bedrooms had single motion locks (Bedroom #4) . Severity: 2 Scope: 1	Y 320		
Y 356 SS=E	449.222(6) Bathrooms and Toilet Facilities NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure that 1 of 2 Bathrooms had single motion locks (hallway bathroom). . Severity: 2 Scope: 2	Y 356		
Y 358 SS=E	449.222(8) Bathrooms and Toilet Facilities	Y 358		

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Y 358	Continued From page 3 NAC 449.222 8. All bathrooms and toilet facilities must be sufficiently lighted, and night lights must be provided in hallways that lead from the bedrooms to the bathrooms and toilet facilities. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure that there was adequate lighting in 1 of 2 bathrooms (bathroom in Bedroom #1). Severity: 2 Scope: 2	Y 358		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure 2 of 2 facility fire extinguishers were inspected annually. Severity: 1 Scope: 3	Y 435		
Y 626 SS=D	449.2702(6)(b)(1,2,&3) Restraint Definition	Y 626		

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Y 626	Continued From page 4 NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure full bedrails were not used on 1 of 5 beds as a potential restraint (Bedroom # 2). Severity: 2 Scope: 1	Y 626		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859		

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Y 876	Continued From page 6 Severity: 1 Scope: 3	Y 876		
Y 921 SS=F	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Surveyor: 27364 Based on observation on 2/17/10, the facility failed to ensure refrigerated medications belonging to 2 of 5 residents were secured (Resident #1 and #4). Severity: 2 Scope: 3	Y 921		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936		

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Y 936	Continued From page 7 This Regulation is not met as evidenced by: Surveyor: 28890 Based on record review on 2/17/10, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #5, and #6) which affected all residents. This was a repeat deficiency from the 1/16/09 State Licensure survey. Severity: 2 Scope: 3	Y 936			
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Surveyor: 28890 Based on observation on 2/17/10 the facility failed to ensure the facility was equipped with door alarms on all exit doors to the facility (rear patio door). Severity: 2 Scope: 3	Y 991			

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